Case 1:19-cv-02594 Document 1-1 Filed 08/28/19 Page 1 of 2

ATTACHMENT E

CIVIL COVER SHEET

JS-44 (Rev. 3/10 DC)		· · · · · · · · · · · · · · · · · · ·	DECEMBA	NUTC						
I. (a) PLAINTIFFS			DEFENDANTS							
American Oversight			U.S. Department of Justice							
	44004	ĺ	gour imit o	C BEGIE						
(b) COUNTY OF RESIDENCE OF FIRST LISTED PLAINTIFF 11001 (EXCEPT IN U.S. PLAINTIFF CASES)			COUNTY OF RESIDENCE OF FIRST LISTED DEFENDANT (IN U.S. PLAINTIFF CASES ONLY)						— I	
			(IN U.S. PLAINTIFF CASES ONLY) NOTE IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED						ED	
(c) ATTORNEYS (FIRM NAME, ADDRESS	, AND TELEPHONE NUMBER)		ATTORNEYS (IF KNOWN)							
Cerissa Cafasso										
American Oversight, 1030 15th	h Street NW, B255									
Washington, DC 20005										
202.869.5244										
II DAGIC OF TUDICDICTION		III CITI	ZENCHID A	E DDIN	CIDAL	n a marr	EC			
			III. CITIZENSHIP OF PRINCIPAL PARTIES (PLACE AN X IN ONE BOX FOR PLAINTIFF AND ONE BOX FOR DEFENDANT) FOR DIVERSITY CASES ONLY!							
			PTF DFT PTF DFT							
	deral Question S. Government Not a Party)	Citizen of this State O1 O1 Incorporated or				orated or Principal Place	O 4	O4		
Thuman (O	Plaintill (U.S. Government Not a Party)				of Busi				<u> </u>	
② 2 U.S. Government	versity	Citizen of A	Statement American Charles Con					0.		
Defendant (Is	ndicate Citizenship of	OMECH OF I	monior otato	0-2	O2		orated and Principal Place 05 05 iness in Another State			
Pa	rties in item III)	Citizen or Subject of a O ₃			OI DUS					
		Foreign Co	untry	O -	O .5	Foreig	n Nation	O 6	O6	
IV. CASE ASSIGNMENT AND NATURE OF SUIT (Place an X in one category, A-N, that best represents your Cause of Action and one in a corresponding Nature of Suit)										
			***************************************			corres				
	ersonal Injury/		C. Adminis	trative A	1gency		O D. Temporary			
M	alpractice	ļ	Review				Order/Preliminary			
410 Antitrust 310 Air	rolane	151 Medicare Act				Injunction				
I I	plane Product Liability		<u> </u>			Any nature of suit from any category				
320 Assault, Libel & Slander			Social Security			may be selected for this category of case				
330 Federal Employers Liability			861 HIA (1395ff) 862 Black Lung (923)				assignment.			
340 Marine			863 DIWC/DIWW (405(g))				*(If Antitmust than A a			
345 Marine Product Liability			864 SSID Title XVI				"(II Alittirust, tuen A g	*(If Antitrust, then A governs)*		
350 Motor Vehicle [355 Motor Vehicle Product Liability]			865 RSI (405(g))							
360 Other Personal Injury			Statutes							
362 Medical Malpractice			891 Agricultural Acts							
365 Product Liability			893 Environmental Matters							
367 Health Care/Pharmaceutical			890 Other Statutory Actions (If Administrative Agency is							
Personal Injury Product Liability			Involved)	atte Age	icy is					
368 Asbestos Product Liability										
	O.D.					• •				
O E. General Civil (Other)	OR		F. Pro			vil				
Real Property 210 Land Condemnation	Bankruptcy 422 Appeal 27 USC 158	2		e/Penalty		mra of	470 Racketeer II	fluenced		
220 Foreclosure	423 Withdrawal 28 US		625 Drug Related Seizure of Property 21 USC 881				& Corrupt Organization			
230 Rent, Lease & Ejectment				Other		480 Consumer C	-			
240 Torts to Land Prisoner Petitions							490 Cable/Satell	ite TV		
245 Tort Product Liability 535 Death Penalty			0.5				850 Securities/C	ommodit	ties/	
290 All Other Real Property 550 Civil Rights		er	Other Statutes 375 False Claims Act			Exchange				
Personal Property 555 Prison Conditions			376 Qui Tam (31 USC			896 Arbitration 899 Administrative Procedure				
370 Other Fraud 560 Civil Detainee - Cond						Act/Review or Appeal of				
371 Truth in Lending of Confinement			400 State Reapportionment			Active Agency Deci		VI		
380 Other Personal Property			430 Banks & Banking			;	950 Constitution		State	
Damage Property Rights			450 Commerce/ICC				Statutes			
385 Property Damage 820 Copyrights 830 Patent			Rates/etc.				890 Other Statutory Actions			
Product Liability 830 Patent 840 Trademark			460 Deportation 462 Naturalization				(if not administrative agency			
	Land O'TO ATHUCINITY			Applicati			review or Pr	ivacy Ac	et)	
	Federal Tax Suits		465	Other In		on				
	870 Taxes (US plaintif	for		Actions	G 34					
defendant) 871 IRS-Third Party 26			,							
1	o/i iko-inira rarty 2	0 000 7003	7				1			

Case 1:19-cv-02594 Document 1-1 Filed 08/28/19 Page 2 of 2

O G. Habeas Corpus/ 2255	O H. Employment Discrimination	⊙ I. FOIA/Privacy Act	O J. Student Loan					
530 Habeas Corpus – General 510 Motion/Vacate Sentence 463 Habeas Corpus – Alien Detainee	442 Civil Rights – Employment (criteria: race, gender/sex, national origin, discrimination, disability, age, religion, retaliation)	X 895 Freedom of Information Act 890 Other Statutory Actions (if Privacy Act)	152 Recovery of Defaulted Student Loan (excluding veterans)					
	(If pro se, select this deck)	*(If pro se, select this deck)*						
 ○ K. Labor/ERISA (non-employment) □ 710 Fair Labor Standards Act □ 720 Labor/Mgmt. Relations □ 740 Labor Railway Act □ 751 Family and Medical Leave Act □ 790 Other Labor Litigation □ 791 Empl. Ret. Inc. Security Act 	C L. Other Civil Rights (non-employment) 441 Voting (if not Voting Rights Act) 443 Housing/Accommodations 440 Other Civil Rights 445 Americans w/Disabilities – Employment 446 Americans w/Disabilities – Other 448 Education	M. Contract 110 Insurance 120 Marine 130 Miller Act 140 Negotiable Instrument 150 Recovery of Overpayment & Enforcement of Judgment 153 Recovery of Overpayment of Veteran's Benefits 160 Stockholder's Suits 190 Other Contracts 195 Contract Product Liability 196 Franchise	O N. Three-Judge Court 441 Civil Rights – Voting (if Voting Rights Act)					
V. ORIGIN								
Original	O 3 Remanded from Appellate Court Ceopened Reopened	ti-district O 7 Appeal to gation District Judge from Mag. Judge						
VI. CAUSE OF ACTION (CITE THE U.S. CIVIL STATUTE UNDER WHICH YOU ARE FILING AND WRITE A BRIEF STATEMENT OF CAUSE.) 5 U.S.C. 552. Defendant has failed to provide responsive records to FOIA requests.								
VII. REQUESTED IN CHECK IF THIS IS A CLASS ACTION UNDER F.R.C.P. 23 DEMAND \$ Check YES only if demanded in complaint YES NO X								
VIII. RELATED CASE(S) (See instruction) If yes, please complete related case form IF ANY								
DATE: 8/28/2019 SIGNATURE OF ATTORNEY OF RECORD LUSSE Class								

INSTRUCTIONS FOR COMPLETING CIVIL COVER SHEET JS-44 Authority for Civil Cover Sheet

The JS-44 civil cover sheet and the information contained herein neither replaces nor supplements the filings and services of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. Consequently, a civil cover sheet is submitted to the Clerk of Court for each civil complaint filed. Listed below are tips for completing the civil cover sheet. These tips coincide with the Roman Numerals on the cover sheet.

- I. COUNTY OF RESIDENCE OF FIRST LISTED PLAINTIFF/DEFENDANT (b) County of residence: Use 11001 to indicate plaintiff if resident of Washington, DC, 88888 if plaintiff is resident of United States but not Washington, DC, and 99999 if plaintiff is outside the United States.
- III. CITIZENSHIP OF PRINCIPAL PARTIES: This section is completed <u>only</u> if diversity of citizenship was selected as the Basis of Jurisdiction under Section II.
- IV. CASE ASSIGNMENT AND NATURE OF SUIT: The assignment of a judge to your case will depend on the category you select that best represents the <u>primary</u> cause of action found in your complaint. You may select only <u>one</u> category. You <u>must</u> also select <u>one</u> corresponding nature of suit found under the category of the case.
- VI. CAUSE OF ACTION: Cite the U.S. Civil Statute under which you are filing and write a brief statement of the primary cause.
- VIII. RELATED CASE(S), IF ANY: If you indicated that there is a related case, you must complete a related case form, which may be obtained from the Clerk's Office.

Because of the need for accurate and complete information, you should ensure the accuracy of the information provided prior to signing the form.